

COUNTY OF MAUI
DEPARTMENT OF HOUSING AND HUMAN CONCERNS
GRANTS MANAGEMENT DIVISION
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MAUI COUNTY COMMUNITY PARTNERSHIP GRANTS
(FY 2006-2007 and FY 2007-2008)
INFORMATION, APPLICATION, INSTRUCTIONS

1. APPLICATION and ALL REQUIRED SUPPORTING DOCUMENTS:

Must be received by the Department of Housing and Human Concerns (DHHC), Grants Management Division (GMD) at 200 South High Street, 4th Floor, Wailuku, Hawaii 96793 **no later than 4:30 p.m. on March 10, 2006.**

2. MAILED APPLICATIONS:

Must be postmarked **no later than March 10, 2006.**
Applications submitted or postmarked after March 10, 2006 will **NOT** be accepted. **NO EXCEPTIONS.**

3. INCOMPLETE APPLICATIONS and/or APPLICATIONS WITH MISSING DOCUMENTS WILL NOT BE ACCEPTED!

4. GRANT PERIOD:

This proposal is for multi-year funding that covers a two-year period between FY 2006-2007 and FY 2007-2008.

5. FUNDING APPROVAL:

Funding of the proposal is subject to the approval by the Maui County Council and the availability of funds.

6. TECHNICAL ASSISTANCE:

The DHHC Grants Management Division will be available during the application preparation period to provide technical assistance and information regarding the Community Partnership Grants (CPG) program. Grant information Workshops will also be conducted. See timeline.

GRANT APPLICATION PACKET

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COMMUNITY PARTNERSHIP GRANTS (CPG) TIMELINE
FY 2006-2007 and FY 2007-2008

ADVERTISEMENT:	Invitation to Apply December 21, 22, 25, 28, 29, 2005 – Newspaper (state/local) January 1, 5, 12, 2006 – Newspaper (state/local)
APPLICATION AVAILABILITY:	January 23, 2006
APPLICATION PICK-UP LOCATIONS:	Dept. of Housing & Human Concerns Grants Management Division 200 S. High St., 4th Floor Wailuku, Maui, Hawaii Office of Council Services Branches: Hana, Lanai, Molokai Dept. of Parks and Recreation Locations: Lahaina Civic Center, Kihei Community Center, Eddie Tam Memorial Gym
GRANT WORKSHOPS:	Molokai: Fri, Jan 27 '06 (10AM @ Queen Liliuokalani Children Center) Maui: Tue, Jan 31 '06 (8:30AM & 1:30PM @ Cameron Center Auditorium) Lanai: Fri, Feb 3 '06 (11AM @ MCC/Lana'i Education Center) Hana: Mon, Feb 6 '06 (10AM @ Maui County Council/Hana Office)
DEADLINE:	<u>March 10, 2006 - No later than 4:30 p.m., application must be received by the Department of Housing and Human Concerns, Grants Management Division, or postmarked by March 10, 2006. NO EXCEPTIONS.</u>
GRANT HEARINGS:	April 18 and 20, 2006 April 25 and 27, 2006
RECOMMENDATIONS TO THE MAYOR:	May 5, 2006 – Grants Review Committee funding recommendation to the Mayor
COUNTY BUDGET:	May 31, 2006 - Final Reading
MAYOR:	June 20, 2006 - Mayor signs/vetos budget.
NOTIFICATION & AWARDS:	June, 2006 – Grantees notified of awards, provided budget is not vetoed.

DATES ARE SUBJECT TO CHANGE.

COMMUNITY PARTNERSHIP GRANTS (FY 2006-2007 and FY 2007-2008)

Supporting Documents Checklist

Please submit the following documents or items in the order listed below:

___ **One (1) complete ORIGINAL** grant application - signed and dated - with **all** supporting documents.

___ **Ten (10) copies of:**

- Agency Information Page
- Completed Narrative
- Narrative Attachments
 - Program Logic Model Matrix
 - Organizational Flow Chart (show placement of proposed program within the organization)
 - Current Board of Directors and Officers to include:
 - Dates of expiration
 - Addresses and phone numbers of board members
 - Board of Directors meeting schedule for FY2006-2007, 2007-2008
- Budget Section

I. ONE (1) OF EACH OF THE FOLLOWING DOCUMENTS:

☛ Attach only to the **ORIGINAL** grant application document:

___ **ANNUAL FINANCIAL STATEMENTS** - Agency's past two (2) years' annual financial statements:
1) Prepared by a qualified accountant and approved/signed by the Executive Director; **OR**
2) Prepared and signed by a Certified Public Accountant (CPA).

___ **CURRENT AUDIT** - Provide FY ending 2004 Audit with Management Letter. If none, so indicate. All nonprofit organizations **must** have an audit prepared by an independent CPA at least every **three (3) years**. (**See: Item IV, Qualifying Standards, Records and Reports**)

___ **IRS FORM 990** - Most current document for fiscal/calendar year.

___ **SUPPORTING DOCUMENTS AFFIDAVIT** - Signed by the Executive Director and Board Chairperson. (***SEE: Instructions to determine if this document applies to your application**).

___ **BYLAWS** - Must contain specific clauses regarding nepotism and conflict of interest and must be **signed and dated**.

II. IF YOU ARE A NEW AGENCY, OR, IF YOU HAVE NOT SUBMITTED A CPG APPLICATION WITHIN THE PAST THREE (3) YEARS, YOU MUST SUBMIT ALL OF THE ABOVE DOCUMENTS AND THE FOLLOWING:

___ **INTERNAL REVENUE SERVICE (IRS) LETTER** - Verification of agency's nonprofit tax-exempt status; **OR**, verification of current tax status for profit organizations (whichever applies.)

___ **ARTICLES OF INCORPORATION** - Must be **signed and dated**.

**COUNTY OF MAUI
COMMUNITY PARTNERSHIP GRANTS (CPG)
FY2006-07 & FY 2007-08**

APPLICATION INSTRUCTIONS

Policies

1. Only **one** (1) application will be accepted per agency/organization:
2. **Umbrella Application:**
 - a. An Umbrella application is defined as a request for funding submitted by a current and viable 501(c)(3) or (4) nonprofit organization on behalf of another group or entity. The purpose is to provide the group or entity with endorsement, viability and/or fiscal, administrative or program oversight.
 - b. Any agency wishing to submit an “umbrella” application is required to notify the DHHC Director **in advance** to obtain approval. The Director’s approval will be contingent upon the requesting agency’s ability to meet specific administrative (fiscal) and program criteria.
 - c. Written and/or verbal approval must be received from the DHHC Director prior to the submission of an umbrella application.

Preparation

1. Use **only** the **FY 2006-07 and 2007-08** grant application and budget forms.
2. Narrative Instructions. See Narrative guidelines.
3. **Twelve (12) point** font/typeface is required for narrative. For all tables, 8 and 10 point font/typeface is allowed.
4. Attachments. Please attach sections in the following order.
 - a. Program Logic Matrix
 - b. Organizational Flow Chart
 - c. Current Board of Directors
 - d. Budget narrative and tables
5. **Do not** enclose or attach the following items: Brochures, flyers, photos, letters of support, client testimonies, maps, menus, evaluation tools, graphs/tables/charts, etc. Only required attachments will be forwarded to the Grants Review Committee for their review and consideration.
6. **Do not** place the completed application in a binder or folder of any kind.
7. Securely fasten the proposal. **USE ONLY BINDER CLIPS. NO STAPLES**

REMINDER: Application Must Include Original Signatures.

Grant Application FY 2006-07 & FY 2007-08



MAUI COUNTY COMMUNITY PARTNERSHIP GRANTS
DEPARTMENT OF HOUSING & HUMAN CONCERNS (DHHC)
GRANTS MANAGEMENT DIVISION (GMD)
FY 2006-2007 AND FY 2007-2008

DATE OF APPLICATION: _____

AGENCY INFORMATION

GRANT APPLICATION FOR: _____
(Program Title)

Legal Name of Organization: _____

Mailing Address: _____

Facility/Site Address: _____

Director/Manager: _____ Phone: _____

Fax: _____ E-mail: _____

Contact Person: _____ Phone: _____

Fax: _____ E-mail: _____

Amount of Request for County Funds: \$ _____

Total annual budget of agency/organization: \$ _____

Has the applicant applied for any other funds from the County of Maui this fiscal year?

☐ NO ☐ YES

If yes,

Source/Department: _____

Program/Service Area: (Check ONE CATEGORY only)

☐ Social Services/CPG ☐ Culture & Arts

☐ Youth Centers ☐ Youth Programs

In one (1) sentence, DEFINE THE PROGRAM for which funding is being requested:

REMINDER: Include this page with the Narrative and Budget Section.

I. **QUALIFYING STANDARDS FOR APPLICANTS**

Applicants must meet **ALL** of the following standards: *(Please check)*

- ☐ As a nonprofit organization, have a board of directors whose members have no conflict of interest and serve without compensation;
- ☐ Be current in all state, federal and local tax payments;
- ☐ Be licensed and accredited in accordance with applicable requirements of federal, state and county governments, as necessary;
- ☐ Be a profit organization incorporated under the laws of the State of Hawaii, or a nonprofit organization determined to be exempt from federal income tax by the Internal Revenue Service and in good standing with the State Department of Commerce & Consumer Affairs;
- ☐ Have a **signed and dated** Bylaws, which include provisions relating to nepotism and potential conflict of interest. A **signed and dated** Charter of Incorporation, and policies which describes the manner in which business is conducted. Such policies shall include: Non-discrimination in hiring and client services, sexual harassment, financial audit requirements and fiscal procedures;
- ☐ Have written policies and procedures specifying agency and program practices and compliance standards for maintaining an alcohol, tobacco and drug free workplace environment;
- ☐ Comply with all conditions pertaining to grant budget revisions as specified in DHHC/GMD budget revision implementation and reporting policies and procedures;
- ☐ If agency/organization is not based in Maui County and proposes a program or service on Maui, Moloka'i, or Lana'i, said agency/organization shall establish a local advisory committee to meet on a regular basis and provide viable input into the planning operation of the program or service for which County funding is received. A representative of the local advisory committee shall be delegated to regularly attend and report directly to the Board of Directors of the agency/organization.

II. **GRANT CONDITIONS**

The applicant agrees to comply with the following terms & conditions prior to receiving a grant award:

- A. Employ and/or have under contract such persons as are qualified to engage in the activity to be funded in whole or in part by the County; provided that for nonprofit organizations, that it be governed by bylaws or policies which shall include provisions relating to nepotisms and management of potential conflict-of-interest situations, as required in Section 3.36.040 of the Maui County Code; provided further that no salary or benefit increases by the organization shall be made with public funds unless said increases receive prior approval in writing by the Director of the DHHC and such approval is made a part of the agency contract record.
- B. Comply with applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, physical handicap, marital status, parental status, arrest and court record, National Guard participation, or AIDS/HIV infection;

- C. Agree not to use County funds for purposes of entertainment perquisites (including food), or any other expenditures not directly related to the approved goals and objectives of the project;
- D. Comply with such other requirements to ensure adherence by the provider or recipient with federal, state, and county laws; and
- E. Allow DHHC Grants Management staff and/or County Auditors full access to records, reports, files, and other related documents in order that the program, management, administrative and fiscal practices of the recipient may be monitored and evaluated to assure the proper and effective expenditure of public funds.
- F. Programs funded under the categories of Youth Centers and Youth Programs will be required to implement family strengthening activities (i.e., parenting classes, open houses, fundraisers, intergenerational activities, etc.).

III. **CONTRACTS**

Contracts are awarded and grant funds are disbursed only by the County Director of Finance upon successful execution of a Grant Agreement of County Funds contract document by all parties, including signatures, certification of funds, notarizations, and the inclusion of corporate and County seals. The terms of this grant application shall be incorporated therein. Each grant agreement shall expressly state that the recipient or provider is an independent contractor and is not an employee of the County and provide that the recipient or provider shall indemnify and hold harmless the County, the appropriate contracting agency, and the involved officers, employees, and agents from and against all claims, damages, or costs arising out of or in connection with the acts or omissions of the recipient or provider.

IV. **RECORDS AND REPORTS**

Applicant will provide (if applicable) a copy of the most recent management letter from the organization CPAs (if none was issued, documentation explaining such will be provided) and will keep records and prepare reports, including detailed, **separate** financial records relating to funds received from the County. All accounts shall be prepared and maintained according to generally accepted accounting principles and as otherwise prescribed by law. The applicant will maintain such accounts and documents as will serve to permit expeditious determination to be made at any time of the status of funds within the award, including the disposition of all grant monies received and the nature and amount of all charges claimed to be against such funds.

Reporting Requirements: At the end of each quarter of the fiscal year, each recipient of a grant of County funds must submit to the DHHC **Reports** according to the provisions specified below which will contain at least the following information:

☐ **Quarterly Reports**

- Quarterly Allotment Request (QAR) and Quarterly Financial Reports (QFR). These are financial reports pertaining to County funds received and used to date.
- Quarterly Demographic Reports (QDR). These are numbers of persons served,

activities/events and demographic information.

☐ **Semi-annual Narrative Reports**

- These are narrative reports that describe Board of Directors status and activities, program outcomes and outputs, personnel staffing and overall program agency status.

- ☐ Any other agency or program information, statistics or documentation as may be specified in the Grant Agreement of County Funds or requested or required by the DHHC for the purposes of grant management and/or agency or program performance evaluation.

V. QUARTERLY ALLOCATION OF FUNDS

Grant funds will be disbursed to Grantees through a quarterly allocation process that shall include complete documentation and verification of expenses incurred. Allowable expenses include those itemized in the grant application budget and approved by the Director of the DHHC. The funds disbursement schedule is formulated on an equal quarterly percentage basis primarily for determining the amount of the first allotment payment. The amount or percentage of a recipient's quarterly allotment payments will vary in accordance with expenditures reported in the QAR. The DHHC shall make adjustments to the amount paid quarterly (subsequent to the first allotment payment) pursuant to the conditions for payment specified in the Grant Agreement of County Funds.

VI. RECOGNITION

The grant recipient shall ensure that the County receives appropriate recognition in all printed, audio/video, publicity and/or advertising materials, activities or events paid for in part or in full by funds provided by the County of Maui.

VII. GRIEVANCE PROCEDURE

The applicant will adopt and maintain a grievance procedure to assure proper accounting for any concerns and complaints about its programs or services that may arise from its members, employees, clients or from other members of the public.

VIII. DISCLOSURE OF INFORMATION

All information, data, or any other material provided to the County by virtue of this application shall be subject to the Uniform Information Practices Act (UIPA), Chapter 92F, Hawaii Revised Statutes. All such material is deemed government record, open to the public and may be provided to other public and/or private funding sources.

IX. CONTINUED ELIGIBILITY

Any applicant or recipient who withholds or omits any material facts or deliberately misrepresents such facts to the County of Maui shall: 1) immediately be disqualified from consideration for DHHC Community Partnerships Grants funding; **OR** 2) be in violation of the terms of the Grant Agreement of County Funds in which case a grant agreement can be terminated by the County and the recipient or provider may be liable to reimburse all or a portion of any funds received therein.

Such recipient or provider shall be prohibited from receiving any grant, subsidy or purchase of service agreement from the County of Maui for a period of up to **five (5) years**.

X. ACKNOWLEDGMENT

(Legal Name of Organization)

hereby agrees to administer the _____

(Program Title)

in accordance with the regulations, policies and procedures prescribed by the Maui County Department of Housing & Human Concerns (DHHC). Distribution of DHHC grant funds is limited to grantees which are in full compliance with DHHC regulations, policies and procedures. DHHC reserves the right to withhold grant distributions at any time the grantee is deemed not to be in compliance. It is the policy of the County of Maui and for those who do business with the County to provide equal employment opportunities to all persons regardless of race, physical disabilities, color, religion, sex, age, national origin or AIDS/HIV infection status as mandated by the Federal Civil Rights Acts, as amended, and any other federal or state laws relating to equal employment opportunities.

XI. AMENDMENTS TO THE APPLICATION/EVALUATION

The applicant hereby assures that it will submit to the DHHC for prior review and approval, a written request and justification for any changes, additions, or deletions to any portion(s) of the grant application or a duly executed Grant Agreement of County Funds. The applicant will cooperate and assist in any effort undertaken by the DHHC to evaluate, inspect or otherwise monitor the effectiveness, feasibility, and/or cost efficiency of any and all practices, policies and procedures or activities pursuant to this application or any grant designation or allocation received as a result of this application.

XII. AUTHORITY AND CAPACITY OF APPLICANT

The applicant hereby certifies that it has read and understands all terms, conditions and specifications subject to this application for **Community Partnership Grants** funding and that it has the authority and capacity to develop and submit this application, and to fully administer the program(s) pursuant to this application.

UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED!

Signature of Board President/Chairperson

Date

Signature of Executive Director/Manager

Date

COMMUNITY PARTNERSHIP GRANT

FY 2006-2007 and 2007-2008

NARRATIVE GUIDELINES

INSTRUCTIONS

1. Use the FY 2006-07 and FY 2007-08 current grant application.
2. Narrative answers must not exceed 10 pages – this includes the Executive Summary.
3. Answer questions in the order they appear. Type the question and follow it with the answer.
4. Twelve (12) point font is required for the narrative.
5. Eight (8) or ten (10) point font is allowed for tables.
6. For optimal results, you may refer to the Grant Review Scoring Guide when preparing your responses. Answer the questions in the order in which they appear.
7. Each narrative section corresponds to a section on the attached Grant Review Scoring Guide and scoring sheet.
8. Place name of agency and program on the first page of the narrative.

PROGRAM/SERVICE DESCRIPTION

A. Executive Summary (5 Points)

Provide a comprehensive overview of the proposed program including your mission statement. If the mission of your organization has changed since it was founded, describe the change(s) and reasons for the change.

This section should concisely include the key elements of the project. These can include problem/need, solutions, anticipated outcomes, and the anticipated total cost. Please limit the summary to two to three paragraphs for a **maximum of 300 words**.

B. Problem/Need (10 Points)

1. What is the problem/need the proposed program is designed to meet, and what is the impact of this problem on the community. Include supportive references.

2. Who is the target population and what are their specific needs?
3. Are you meeting any new needs than in previous applications?

C. Program Level Outcomes and Outputs (15 Points)

Clearly state the program outcomes and outputs. See definitions below.
Show a clear correlation between the outcomes and outputs and the needs as expressed in section B. Problem/ Need.

Definition of Outcomes

- **Program level outcomes** (Many times referred to as goals). The program outcome is the anticipated degree of change in program participants that occurs as a consequence of the service provided by your program. The program outcome will address change in the program participants in one or more of the following areas:

Skills and Knowledge
Behavior
Attitude
Environment

- The Program outcomes should either be expressed in % or in real numbers. If you use a %, please also provide real numbers.
(See Sample Section)

Definition of Outputs

- **Program outputs** (Many times referred to as objectives). An output is the volume of services delivered by the agency. It is usually expressed in units of services and number of unduplicated persons served. **(See Sample Section)**

See attached examples for Social Services, Youth Programs, Culture and the Arts and Youth Centers.

D. Management Section (15 Points)

1. Who are your key personnel that will be directly responsible for administering this program? Describe the internal lines of authority for the proposed program. Include names, job titles, qualifications, and experience.
2. Briefly describe your board members and experience. Also your board training process.
3. If applicable, briefly describe your use of volunteers.

E. Service Delivery Plans: (35 Points)

1. Explain how you are going to execute this program as it relates to achieving your outcomes and outputs.
2. Detail your program activities and time line. **(See Sample Section)**
3. Describe your collaboration plans and partners.
4. Describe your experience in the service delivery area and explain your potential for success.

F. Evaluation (15 Points)

1. Describe how you will evaluate the program and its impact to ensure that outcomes and outputs are met and that the desired levels of services are provided.
2. Describe how the services you are providing are of high quality.
3. Describe your evaluation methods and tools.

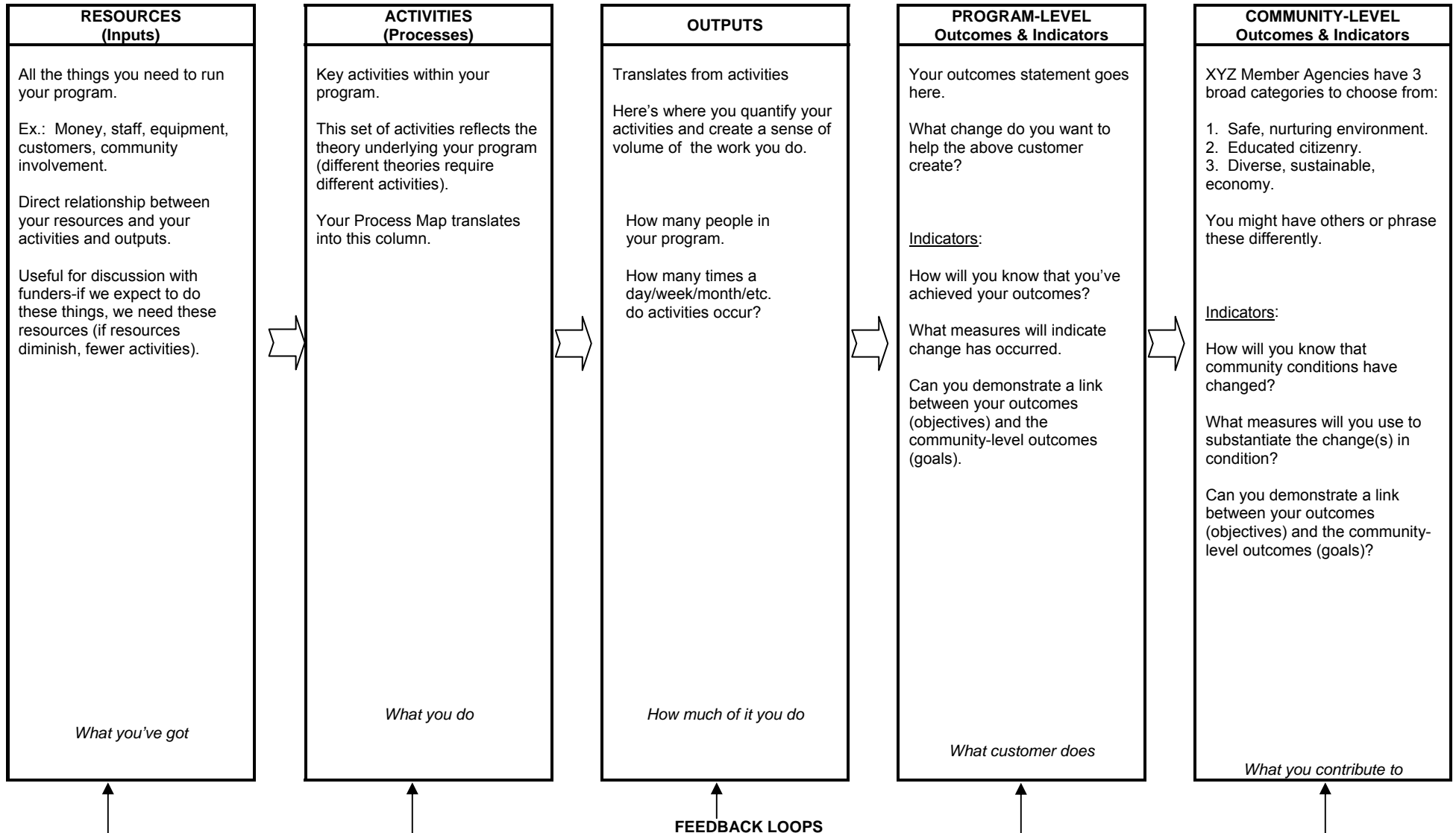
G. Program Logic Model Matrix (5 Points)

The Program Logic Matrix is an attachment. It is not included in the 10 page narrative limit. **(See Sample Section)**

PROGRAM LOGIC MODEL (the “BIG PICTURE”) INSTRUCTION

Program Title:

CUSTOMERS: (Participants)	Customer Profile goes here Who is your customer?
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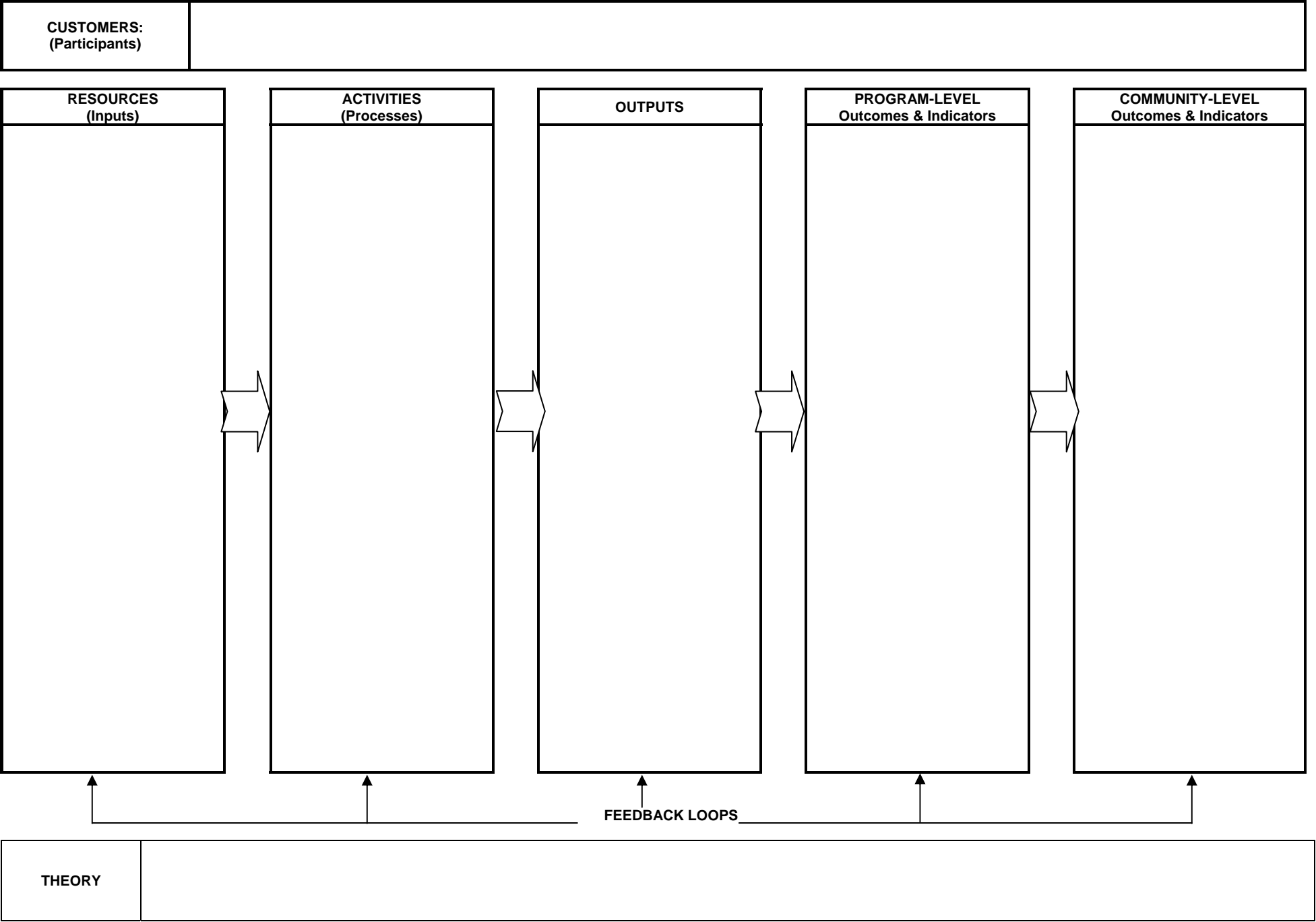


THEORY	<p>The underlying assumptions your program has about creating change in people's lives. Why you do what you do.</p> <p>This is the place to make those assumptions clear to people inside and outside your program (new staff, funders)</p> <p>Where you explain why you've chosen one method over another to address the situation – what are the values/theory behind your decisions?</p>
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Every column impacts the other columns – these pieces are all connected and rely on one another.

PROGRAM LOGIC MODEL (the “BIG PICTURE”)

Program Title:



Scoring Guide

**GRANTS REVIEWERS SCORING GUIDE
COMMUNITY PARTNERSHIP GRANT
FY 2006-2007 and FY 2007-2008**

EXECUTIVE SUMMARY – 5 Points

Clearly and concisely summarizes the request.

NEED - 10 Points

The purpose of this section is to clearly define and demonstrate the need for the program/service for which funds are requested.

1. *Problem:* The narrative defines the problem and need. The narrative cites appropriate statistics, studies and surveys from a variety of sources to support the need.
2. *Impact:* The narrative describes the impact the program has on the community.
3. *Description of the target population:* The narrative describes the target population.
4. *New Needs:* The narrative describes any new needs the agency has identified and will address.

OUTCOMES & OUTPUTS - 15 Points

The purpose of this section is to clearly state the outcomes of the program/service and the specific outputs to be achieved.

An outcome (many times referred to as goals) is the anticipated degree of change in the program participants that occurs as a consequence of the service provided by your program. It shows the success of the program. An output (many times referred to as objectives) tells how much work a program does.

Outcomes and Outputs: The outcomes and outputs are measurable, appropriate and attainable for the size and types of staff described in the management section. The primary participants must be identified and the number of participants that the program aims to serve must be stated. Well written outcomes and outputs are “SMART”. *S-specific, M-measurable, A-achievable, R-realistic and T-time bound.*

MANAGEMENT – 15 Points

The purpose of this section is to provide a clear and specific description of the administrative capability of the program to deliver the proposed services.

1. *Personnel/experience:* The narrative describes the key staff positions that will be directly involved in the management and delivery of service. It also describes the internal lines of authority for the proposed program. Includes the names, job titles, qualifications, and experience of key personnel.
2. *Volunteer and Board Members:* The program describes volunteer use (if applicable). The narrative shows that the applicant has a strong functioning board composed of a good mix of members with variety of expertise. The narrative briefly mentions its board of directors training process.

SERVICE DELIVERY - 35 Points

The purpose of this section is to provide a clear and specific description of the proposed delivery of service(s). The activities and timeline must clearly relate to the program outcome and outputs.

1. *Program and services are clearly defined:* How are you going to execute this program as it relates to your outcomes and outputs?
2. *Activities and Timeline:* The timelines and activities are realistic and can be accomplished within the time stated. The timeline can be reasonably flexible and should be used as a planning tool with the Program Logic Matrix.
3. *Collaboration:* Description of collaborative efforts the applicant undertakes to maximize the impact of the proposed program/services.
4. *Experience:* The narrative will demonstrate that the program has the skills, abilities, knowledge of, and experience to deliver the proposed services. It also provides evidence that the applicant has a sufficient track record for delivering quality services.

EVALUATION – 15 Points

The purpose of this section is to describe how the applicant will evaluate the program to ensure they meet outcomes and outputs and that the desired quality of the service will be assured and improved.

1. *Description of evaluation method and measures:* The narrative has both qualitative and quantitative measures that correspond with the outcomes/outputs for the next two fiscal years. The measures will assess the benefit(s) and change(s) to the participant(s), its impact to the community and the cost effectiveness of the program. Also it will describe how the services will be of high quality. Include the evaluation methods and tools.

PROGRAM LOGIC MATRIX – 5 Points (Attachment)

The purpose of the Program Logic Matrix is to provide an overview of the proposed program and a framework on which the program can be evaluated.

The matrix shows the connection between resources available for the program, the target group, activities carried out with program participants, units of service delivered, the intended results, the long-term outcome to which the program contributes and the rationale for implementing the proposed program.

BUDGET - 20 Points (*Note: This section should be addressed in the Program Budget Summary, not in the Narrative Section.*)

The purpose of this section is to describe, numerically verbally, how the requested funds will be utilized to achieve the proposed outcomes and outputs. The budget narrative must clearly explain how funds will be used to achieve the program outcomes and outputs.

1. *Other funding sources:* The applicant develops and obtains other sources of funding such as fundraising, donations, registration, cost share, in-kind, etc.
2. *Leveraging:* Grant funds will be leveraged to increase funds/resources available to the proposed program.
3. *Reasonableness/sustainability:* The program submits a reasonable budget that is not padded or over inflated. It has also considered a strategy for continuing funding beyond the support of the County funds and beyond the fiscal years applied for.
4. *Accuracy:* All the figures add up.

SCORING SHEET
MAUI COUNTY COMMUNITY PARTNERSHIPS GRANTS
FY 2006-2007 and FY 2007-2008

REVIEWER: _____

DATE: _____

ITEM	VALUE	SCORE	STRENGTHS	WEAKNESSES
EXECUTIVE SUMMARY	5			
1. Clear and concise				
PROBLEM/NEED SECTION	10			
1. Problem/Need statement				
2. Impact of Problem				
3. Supportive References				
4. Target population				
5. Meeting any new needs				
OUTCOMES/OUTPUTS	15			
1. Clear and concise				
2. Appropriateness				
3."SMART"				
MANAGEMENT SECTION	15			
1. Key Personnel/experience				
2. Supervision/line of authority				
3. Board of Directors				
4. Volunteers (if applicable)				
SERVICE DELIVERY SECTION	35			
1. Execution of Program				
2. Program Activities description				
3. Time line				
4. Collaborations/partners				
5. Experience and Potential for success				
EVALUATION SECTION	15			
1. Methodology				
2. Quality assurance				
3. Methods and tools				
PROGRAM LOGIC MATRIX	5			
1. Program Logic Matrix				
BUDGET SECTION	20			
1. Other sources of funding				
2. Leveraging				
3. Reasonableness/sustainability				
4. Accuracy				
TOTAL POINTS SCORED	120			

Budget Forms

INSTRUCTIONS

**Instructions for Completing
PROGRAM BUDGET SUMMARY**

- Organization:** Enter Organization's name.
- Program Name:** Enter the name of the Program.
- Budget Period:** Enter the budget period for this grant application.
- Original:** Enter the date the original budget was completed.
- Revision No.:** Enter the revision number each time the budget is revised.
- Revision Date:** Enter the date of the revision.
- Cost Category:** For each cost category, going across, enter the following:
- Amount Requested** – enter the amount you are requesting from this grant application.
- Other County** – if you are receiving other County funds for this program, please enter the amount here.
- Matching Funds** – enter the amount Organization will use as matching funds for this cost category.
- Other** – enter the amount from other fund sources.
(e.g., federal, state, Maui United Way, A & B Foundation, etc.).
- Total Budget** – enter the total of all resources for each cost category.
- Total Expenses:** Enter the total for each column.
- Sources:** This is a breakdown of Column 5, Other Resources. List the fund sources (one per line) and the amount received. The total should be the same as the Total Expenses for Column 5.
- Please Note:** On a separate sheet of paper, describe how funds will be utilized to achieve the proposed outcomes and outputs. Will funds be used for leveraging other resources? Explain agency's strategy to seek funding other than the County's CPG grants.
LIMIT TO ONE PAGE ONLY.

A. PERSONNEL

- Organization:** Enter Organization's name.
- Program Name:** Enter the name of the Program.
- Budget Period:** Enter the budget period for this grant application.
- Original:** Enter the date the original budget was completed.
- Revision No.:** Enter the revision number each time the budget is revised.
- Revision Date:** Enter the date of the revision.
- Schedule of Personnel:** On each line list a position title for the program. You can combine similar positions, but, it must be preceded with the number of positions in parenthesis (e.g., (2) Counselor, (2.5) Instructors, etc.). Show formulation on how the total amount for each position was arrived at, including % of 40 hr. week (e.g., instructor \$1,200/mo. X 100% X 12 mos. X 2.5 pos.).
(See sample)
- For each line, going across, enter the following:
- Amount Requested** – enter the amount you are requesting from this grant application.
- Other County** – if you are receiving other County funds for this program, please enter the amount here.
- Matching Funds** – enter the amount Organization will use as matching funds for this cost category.
- Other** – enter the amount from other fund sources.
(e.g., federal, state, Maui United Way, A & B Foundation, etc.).
- Total Budget** – enter the total of all resources for each line.
- Total Personnel Cost:** Enter the total for each column.
- IMPORTANT NOTE:** The **Total Personnel Cost** for each column should match the columnar amounts for **Line A. Personnel** of the Program Budget Summary.
- JUSTIFICATION:** **DO NOT LEAVE THIS SECTION BLANK.** Explain how the funding of these positions will enable your organization to meet its program outcomes and outputs.

B. PAYROLL TAXES/ASSESSMENTS AND FRINGE BENEFITS

Organization: Enter Organization's name.

Program Name: Enter the name of the Program.

Budget Period: Enter the budget period for this grant application.

Original: Enter the date the original budget was completed.

Revision No.: Enter the revision number each time the budget is revised.

Revision Date: Enter the date of the revision.

Schedule of Payroll On each line enter the salary amount for each position or positions.

Taxes/Assessments Benefits: Show formula for arriving at amounts. (e.g., \$28,000.00 x 30%)
(See Sample)

For each line, going across, enter the following:

Amount Requested – enter the amount you are requesting from this grant application.

Other County – if you are receiving other County funds for this program, please enter the amount here.

Matching Funds – enter the amount Organization will use as matching funds for this cost category.

Other – enter the amount from other fund sources.
(e.g., federal, state, Maui United Way, A & B Foundation, etc.).

Total Budget – enter the total of all resources for each line.

Total Payroll Taxes/ Assessments and Fringe Benefits Costs: Enter the total for each column.

IMPORTANT NOTE: The **Total Payroll Taxes/Assessments and Fringe Benefits Costs** for each column should match the columnar amounts for **Line B. Payroll Taxes/Assessments and Fringe Benefits** of the Program Budget Summary.

Comments: Provide any other comments or explanations.

C. EQUIPMENT

Organization: Enter Organization's name.

Program Name: Enter the name of the Program.

Budget Period: Enter the budget period for this grant application.

Original: Enter the date the original budget was completed.

Revision No.: Enter the revision number each time the budget is revised.

Revision Date: Enter the date of the revision.

Schedule of Equipment: Enter on each line an equipment to be purchased for this program. Precede it with the number of equipment to be purchased in parenthesis. Also, show the cost of the equipment. List equipment in the following manner: (2) desk @ \$100, etc.
(See Sample)

For each line, going across, enter the following:

Amount Requested – enter the amount you are requesting from this grant application.

Other County – if you are receiving other County funds for this program, please enter the amount here.

Matching Funds – enter the amount Organization will use as matching funds for this cost category.

Other – enter the amount from other fund sources.
(e.g., federal, state, Maui United Way, A & B Foundation, etc.).

Total Budget – enter the total of all resources for each line.

Total Equipment Cost: Enter the total for each column.

IMPORTANT NOTE: The **Total Equipment Cost** for each column should match the columnar amounts for **Line C. Equipment** of the Program Budget Summary.

*Equipment (Non-Expendable Property) shall mean a removable object intended for continued use and having a useful life of at least one year. The cost of the object shall be \$500.00 or more as an individual unit. Cost shall include discounted purchase price and any cost for freight charges, taxes, or installation cost, and shall exclude any trade-in allowance given at the time of acquisition.

JUSTIFICATION: **DO NOT LEAVE THIS SECTION BLANK.** Explain how the purchase of equipment will enable your organization to meet its program outcomes and outputs.

D. SUPPLIES

Organization: Enter Organization's name.

Program Name: Enter the name of the Program.

Budget Period: Enter the budget period for this grant application.

Original: Enter the date the original budget was completed.

Revision No.: Enter the revision number each time the budget is revised.

Revision Date: Enter the date of the revision.

Schedule of Supplies: List the supplies to be purchased for this program. You can list supplies by categories, e.g., desk top supplies, copier supplies, computer supplies, postage, etc. **(See Sample)**

For each line, going across, enter the following:

Amount Requested – enter the amount you are requesting from this grant application.

Other County – if you are receiving other County funds for this program, please enter the amount here.

Matching Funds – enter the amount Organization will use as matching funds for this cost category.

Other – enter the amount from other fund sources.
(e.g., federal, state, Maui United Way, A & B Foundation, etc.).

Total Budget – enter the total of all resources for each line.

Total Supplies Costs: Enter the total for each column.

IMPORTANT NOTE: The **Total Supplies Costs** for each column should match the columnar amounts for **Line D. Equipment** of the Program Budget Summary.

JUSTIFICATION: **DO NOT LEAVE THIS SECTION BLANK.** Explain how the purchase of supplies will enable your organization to meet its program outcomes and outputs.

E. TRAVEL (STAFF)

Organization: Enter Organization's name.

Program Name: Enter the name of the Program.

Budget Period: Enter the budget period for this grant application.

Original: Enter the date the original budget was completed.

Revision No.: Enter the revision number each time the budget is revised.

Revision Date: Enter the date of the revision.

Schedule of Staff Travel: List staff travel cost for mileage, inter island airfare, per diem, ground transportation, out-of-state travel airfare and out-of state per diem. Include formula, e.g., mileage for Project Director, 100mi/mo. @ .37/mi x 12 mos.; inter island airfare 5 trips @ \$190/rd. trip x 3 staff, etc. **(See Sample)**

For each line, going across, enter the following:

Amount Requested – enter the amount you are requesting from this grant application.

Other County – if you are receiving other County funds for this program, please enter the amount here.

Matching Funds – enter the amount Organization will use as matching funds for this cost category.

Other – enter the amount from other fund sources. (e.g., federal, state, Maui United Way, A & B Foundation, etc.).

Total Budget – enter the total of all resources for each line.

Total Travel Cost: Enter the total for each column.

IMPORTANT NOTE: The **Total Travel Costs** for each column should match the columnar amounts for **Line E. Equipment** of the Program Budget Summary.

JUSTIFICATION: **DO NOT LEAVE THIS SECTION BLANK.** Explain why your travel cost is necessary and how will it enable your organization to meet its outcomes and outputs.

F. OTHER

Organization: Enter Organization's name.

Program Name: Enter the name of the Program.

Budget Period: Enter the budget period for this grant application.

Original: Enter the date the original budget was completed.

Revision No.: Enter the revision number each time the budget is revised.

Revision Date: Enter the date of the revision.

Schedule of Staff Travel: List all other expenses not listed in the Budget Summary. For example, telephone, insurance, trainings, etc. Include formula where appropriate.

Amount Requested – enter the amount you are requesting from this grant application.

Other County – if you are receiving other County funds for this program, please enter the amount here.

Matching Funds – enter the amount Organization will use as matching funds for this cost category.

Other – enter the amount from other fund sources. (e.g., federal, state, Maui United Way, A & B Foundation, etc.).

Total Budget – enter the total of all resources for each line.

Total Other Costs: Enter the total for each column.

IMPORTANT NOTE: The **Total Other Costs** for each column should match the columnar amounts for **Line F. Equipment** of the Program Budget Summary.

JUSTIFICATION: **DO NOT LEAVE THIS SECTION BLANK.** Explain why your other cost expenses is needed to enable your organization to meet its outcomes and outputs.

Budget Forms

FY 2006-07

Organization Name:
Program:
Budget Period:

Page 1 of 7

1. COST CATEGORY	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER* RESOURCES	6. TOTAL BUDGET
A. Personnel					\$ -
B. Payroll Taxes/Assessments and Fringe Benefits					\$ -
C. Equipment					\$ -
D. Supplies					\$ -
E. Travel (Staff)					\$ -
F. Other					\$ -
G. TOTAL EXPENSES:	\$ -	\$ -	\$ -	\$ -	\$ -

***Breakdown of Other Resources:**

Source(s):

Amount(s):

[illegible]

\$ -

PLEASE NOTE:

ON AN ATTACHED SHEET PLEASE DESCRIBE HOW FUNDS WILL BE UTILIZED TO ACHIEVE THE PROPOSED OUTCOMES AND OUTPUTS. WILL FUNDS BE USED TO LEVERAGE OTHER RESOURCES? EXPLAIN AGENCY'S STRATEGY TO SEEK FUNDING OTHER THAN THE COUNTY'S CPG GRANT.

****LIMIT TO ONE PAGE ONLY****

A. PERSONNEL

Organization Name:

Program:

Budget Period:

Original Date:

Revision No.:

Revision Date:

Page 2 of 7

1. SCHEDULE OF PERSONNEL (inc. % of 40 hr. week)	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER RESOURCES	6. TOTAL BUDGET
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL PERSONNEL COST	\$ -	\$ -	\$ -	\$ -	\$ -

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

B. PAYROLL TAXES/ASSESSMENTS AND FRINGE BENEFITS

Organization Name:

Program:

Budget Period:

Original Date:

Revision No.:

Revision Date:

Page 3 of 7

1. SCHEDULE OF PAYROLL TAXES/ASSESSMENTS AND FRINGE BENEFITS	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER RESOURCES	6. TOTAL BUDGET
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL PAYROLL TAXES/ASSESSMENTS AND FRINGE BENEFITS COSTS	\$ -	\$ -	\$ -	\$ -	\$ -

ADD AN ADDITIONAL SHEET AS NEEDED

Comments:

C. EQUIPMENT

Organization Name:

Program:

Budget Period:

Original Date:

Revision No.:

Revision Date:

Page 4 of 7

1. SCHEDULE OF EQUIPMENT*	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER RESOURCES	6. TOTAL BUDGET
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL EQUIPMENT COST	\$ -	\$ -	\$ -	\$ -	\$ -

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

D. SUPPLIES

Organization Name:

Program:

Budget Period:

Original Date:

Revision No.:

Revision Date:

Page 5 of 7

1. SCHEDULE OF SUPPLIES	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER RESOURCES	6. TOTAL BUDGET
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL SUPPLIES COST	\$ -	\$ -	\$ -	\$ -	\$ -

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

E. TRAVEL (STAFF)

Organization Name:

Program:

Budget Period:

Original Date:

Revision No.:

Revision Date:

Page 6 of 7

1. SCHEDULE OF STAFF TRAVEL	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER RESOURCES	6. TOTAL BUDGET
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL TRAVEL COST	\$ -	\$ -	\$ -	\$ -	\$ -

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

F. OTHERS

Organization Name:
Program:
Budget Period:

Original Date:
Revision No.:
Revision Date:

1. SCHEDULE OF OTHER EXPENSES	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER RESOURCES	6. TOTAL BUDGET
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
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					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL OTHER COST	\$ -	\$ -	\$ -	\$ -	\$ -

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

Budget Forms

FY 2007-08

A. PERSONNEL

Organization Name:
Program:
Budget Period:

Original Date:
Revision No.:
Revision Date:

Page 2 of 7

1. SCHEDULE OF PERSONNEL (inc. % of 40 hr. week)	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER RESOURCES	6. TOTAL BUDGET
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL PERSONNEL COST	\$ -	\$ -	\$ -	\$ -	\$ -

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

B. PAYROLL TAXES/ASSESSMENTS AND FRINGE BENEFITS

Organization Name:

Program:

Budget Period:

Original Date:

Revision No.:

Revision Date:

Page 3 of 7

1. SCHEDULE OF PAYROLL TAXES/ASSESSMENTS AND FRINGE BENEFITS	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER RESOURCES	6. TOTAL BUDGET
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL PAYROLL TAXES/ASSESSMENTS AND FRINGE BENEFITS COSTS	\$ -	\$ -	\$ -	\$ -	\$ -

ADD AN ADDITIONAL SHEET AS NEEDED

Comments:

C. EQUIPMENT

Organization Name:

Program:

Budget Period:

Original Date:

Revision No.:

Revision Date:

Page 4 of 7

1. SCHEDULE OF EQUIPMENT*	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER RESOURCES	6. TOTAL BUDGET
					\$ -
					\$ -
					\$ -
					\$ -
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					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL EQUIPMENT COST	\$ -	\$ -	\$ -	\$ -	\$ -

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

D. SUPPLIES

Organization Name:

Program:

Budget Period:

Original Date:

Revision No.:

Revision Date:

Page 5 of 7

1. SCHEDULE OF SUPPLIES	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER RESOURCES	6. TOTAL BUDGET
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL SUPPLIES COST	\$ -	\$ -	\$ -	\$ -	\$ -

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

E. TRAVEL (STAFF)

Organization Name:

Program:

Budget Period:

Original Date:

Revision No.:

Revision Date:

Page 6 of 7

1. SCHEDULE OF STAFF TRAVEL	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER RESOURCES	6. TOTAL BUDGET
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL TRAVEL COST	\$ -	\$ -	\$ -	\$ -	\$ -

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

F. OTHERS

Organization Name:
Program:
Budget Period:

Original Date:
Revision No.:
Revision Date:

1. SCHEDULE OF OTHER EXPENSES	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER RESOURCES	6. TOTAL BUDGET
					\$ -
					\$ -
					\$ -
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					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL OTHER COST	\$ -	\$ -	\$ -	\$ -	\$ -

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

Samples

OUTCOMES	OUTPUTS
<p><u>Social Services Example: Family Counseling Program</u></p> <p>45 of the 50 adults (90%) completing the counseling sessions have decreased or controlled their anger for a period of six consecutive months following completion of the counseling as indicated by self-report, report from spouse and friends, and report from children.</p> <p><u>Youth Program Example: Midnight Basketball</u></p> <p>45 of the 60 boys (75%), ages 14-20, who participate in the Midnight Basketball League during FY 2007 will remain free of gang involvement and maintain positive relationships with their peers and adults, as indicated by self-report, peer report, program coordinator and volunteer observations, and quality of life survey.</p> <p><u>Culture & Arts Example: ArtMobile</u></p> <p>Of the 1000 public school children, grades K-5, who participate in the ArtMobile program, 1000 (100%) will have access to an art curriculum and 900 (90%) will have increased awareness of their own creative abilities as demonstrated by their production of unique artwork in school class and brief narrative descriptions about the meaning of their artwork and the artwork of others.</p> <p><u>Youth Center Example: Youth Employment Training Program</u></p> <p>Within 1 semester of program participation, 24 of 40 high school youths (60%) will have obtained one or more of the following: 10 hours of job shadows and/or volunteer opportunities, an internship, employment, an interview with a prospective employer, and/or demonstrated job skills, such as commitment, career interest, and the importance of appearance and presentation.</p>	<p><u>Social Services Example: Family Counseling Program</u></p> <ul style="list-style-type: none"> • # of brochures mailed • # of assessment sessions conducted • # of counseling referrals made • # of counseling sessions offered • # of follow-up home visits <p><u>Youth Program Example: Midnight Basketball</u></p> <ul style="list-style-type: none"> • # of basketball nights provided • average # of attendees per basketball night • # of referrals made to other services • # of contacts with parents or guardians • # of contacts with school teachers or counselors <p><u>Culture & Arts Example: ArtMobile</u></p> <ul style="list-style-type: none"> • # pre-visit art appreciation sessions led by classroom teacher • # of ArtMobile tours • # post-visit art production sessions led by classroom teacher • # of completed art projects <p><u>Youth Center Example: Youth Employment Training Program</u></p> <ul style="list-style-type: none"> • # of orientations • # of Positive Lifestyle workshops • # of leadership/team building events • # of employment skills development workshops • # of follow-up assessments

SAMPLE

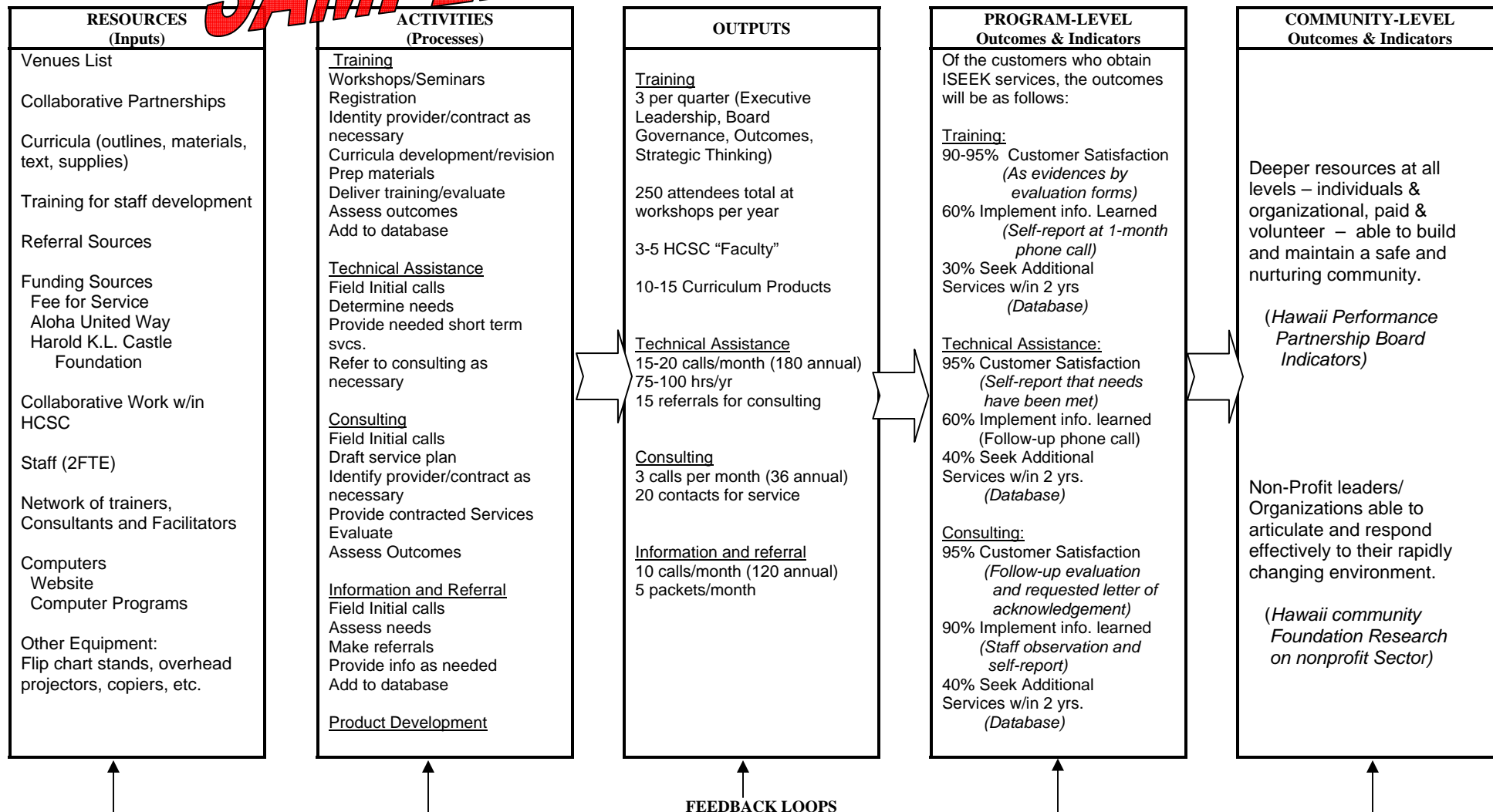
OUTCOMES	OUTPUTS
<p><u>Youth Center Example: Mentoring</u></p> <p>Of the 24 youth participating for 6 months or more in the youth mentoring program, 20 will demonstrate two or more of the following behaviors: reduced antisocial activities, improved school attendance and school work, improved relationships with family, or increased self-esteem, as indicated by teacher and counselor reports, mentor observations, self report, and report by parent or guardian.</p>	<p><u>Youth Center Example: Mentoring</u></p> <ul style="list-style-type: none">• # of adult mentors• # of youth participants• # of adult/youth matches• # of contact hours per month per match (average)• # of teacher/mentor meetings• # of parent meetings• # of community service activities

PROGRAM LOGIC MODEL (the “BIG PICTURE”)

Program Title:

CUSTOMERS: (Participants)	Organization and Community Leaders, Non-Profit Organizations, Boards, and Board Members
-------------------------------------	--

SAMPLE



THEORY	<p>1) Systems Theory: Linking individuals to programs to agency to sectors to community</p> <p>2) Capacity Building/Empowerment</p> <p>3) Building Democracy (people at all levels engaged in decision-making), by building and maintaining opportunities for diverse people to engage in decision-making and civic life.</p>
---------------	---



When you're writing your strategy for implementation, include every detail. Why? To assure the funding source that you know what it takes to have a successful program.

Good performance outcomes are responsive to the project's activities, which in turn are the actions that must occur to achieve the project's objectives. Performance outcomes also add substance to your project design or plan of operation. In addition, they are a critical component in the project's work-plan, which I explain at the end of this chapter.

Making a Timeline That Tells the Story Accurately

A timeline tells the grant reader when activities will begin and end during the grant's funding period (which is usually a 12-month period). Table 13-1 shows how.

Table 13-1 Homeless Impact Project				
Activity	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Resolution	X			
Post-award planning meeting	X			
Select contractor	X			
Obtain permits and begin renovation	X			
Renovation period	X	X		
Hire outreach specialist	X			
Recruit volunteers		X		
Interview and hire shelter staff			X	X
Grand opening				X
Homeless prevention education				X and ongoing
Community tolerance efforts		X	X	X and ongoing
Monitoring and evaluation activities	X	X	X	X



TIP When you're writing your strategy for implementation, include every detail. Why? To assure the funding source that you know what it takes to have a successful program.

Good performance outcomes are responsive to the project's activities, which in turn are the actions that must occur to achieve the project's objectives. Performance outcomes also add substance to your project design or plan of operation. In addition, they are a critical component in the project's work-plan, which I explain at the end of this chapter.

Making a Timeline That Tells the Story Accurately

A timeline tells the grant reader when activities will begin and end during the grant's funding period (which is usually a 12-month period). Table 13-1 shows how.

Table 13-1 Homeless Impact Project				
Activity	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Resolution	X			
Post-award planning meeting	X			
Select contractor	X			
Obtain permits and begin renovation	X			
Renovation period	X	X		
Hire outreach specialist	X			
Recruit volunteers		X		
Interview and hire shelter staff			X	X
Grand opening				X
Homeless prevention education				X and ongoing
Community tolerance efforts		X	X	X and ongoing
Monitoring and evaluation activities	X	X	X	X

FY 2006-07
COUNTY OF MAUI
DEPARTMENT OF HOUSING & HUMAN CONCERNS
PROGRAM BUDGET SUMMARY

Organization Name: Maui Youth Centers
Program: Youth Center Activities
Budget Period: July 1, 2006 to June 30, 2007

Original Date: 2/10/2006
Revision No.:
Revision Date:

Page 1 of 7

1. COST CATEGORY	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER* RESOURCES	6. TOTAL BUDGET
A. Personnel	\$ 28,800		\$ 2,592	\$ 4,158	\$ 35,550
B. Payroll Taxes/Assessments and Fringe Benefits	\$ 8,640		\$ 778	\$ 1,247	\$ 10,665
C. Equipment	\$ 480			\$ 500	\$ 980
D. Supplies	\$ 3,700		\$ 3,000		\$ 6,700
E. Travel (Staff)	\$ 7,450				\$ 7,450
F. Other Expenses	\$ 12,440		\$ 464	\$ 336	\$ 13,240
G. TOTAL EXPENSES:	\$ 61,510	\$ -	\$ 6,834	\$ 6,241	\$ 74,585

***Breakdown of Other Resources:**

Source(s):

State Office of Youth Services
A & B Foundation
Fund Raiser
TOTAL

Amount(s):

[illegible]

PLEASE NOTE:

ON AN ATTACHED SHEET PLEASE DESCRIBE HOW FUNDS WILL BE UTILIZED TO ACHIEVE THE PROPOSED GOALS AND OBJECTIVES. WILL FUNDS BE USED TO LEVERAGE FOR OTHER RESOURCES? EXPLAIN AGENCY'S STRATEGY TO SEEK FUNDING OTHER THAN THE COUNTY'S CPG GRANT.

****LIMIT TO ONE PAGE ONLY****

SAMPLE ONLY

Original Date: 2/10/2006
Revision No.:
Revision Date:

Page 2 of 7

1. SCHEDULE OF PERSONNEL (inc. % of 40 hr. week)	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER* RESOURCES	6. TOTAL BUDGET
(1) Executive Director @ \$1,500/mo. X 10% x 12 mos.			\$ 900	\$ 900	\$ 1,800
(2) Counselor @ \$900 x 100% x 11 mos. X 2 pos.	\$ 19,800				\$ 19,800
(1) Counselor @ \$900 x 50% x 11 mos.			\$ 1,692	\$ 3,258	\$ 4,950
(1) Secretary @ \$750/mos. X 100% x 12 mos.	\$ 9,000				\$ 9,000
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL PERSONNEL COST	\$ 28,800	\$ -	\$ 2,592	\$ 4,158	\$ 35,550

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

SAMPLE ONLY

Original Date: 2/10/2006
Revision No.:
Revision Date:

Page 3 of 7

1. SCHEDULE OF PAYROLL TAXES/ASSESSMENTS AND FRINGE BENEFITS	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER* RESOURCES	6. TOTAL BUDGET
\$28,800 x 30%	\$ 8,640				\$ 8,640
\$2,592 x 30%			\$ 778		\$ 778
\$4,158 x 30%				\$ 1,247	\$ 1,247
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
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					\$ -
					\$ -
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					\$ -
					\$ -
TOTAL PAYROLL TAXES/ASSESSMENTS AND FRINGE BENEFITS COSTS	\$ 8,640	\$ -	\$ 778	\$ 1,247	\$ 10,665

ADD AN ADDITIONAL SHEET AS NEEDED

Comments:

C. EQUIPMENT

SAMPLE ONLY

Organization Name: Maui Youth Centers
 Program: Youth Center Activities
 Budget Period: July 1, 2006 to June 30, 2007

Original Date: 2/10/2006
 Revision No.:
 Revision Date:

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1. SCHEDULE OF EQUIPMENT*	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER* RESOURCES	6. TOTAL BUDGET
(1) Secretarial Desk @ \$150	\$ 150				\$ 150
(2) Desks @ \$100	\$ 200				\$ 200
(2) Chair @ \$65	\$ 130				\$ 130
(1) Book case @ \$120				\$ 120	\$ 120
(4) File Cabinets @ \$55				\$ 220	\$ 220
(1) DVD Player @ \$160				\$ 160	\$ 160
					\$ -
TOTAL EQUIPMENT COST	\$ 480	\$ -	\$ -	\$ 500	\$ 980

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

D. SUPPLIES

SAMPLE ONLY

Organization Name: Maui Youth Centers
 Program: Youth Center Activities
 Budget Period: July 1, 2006 to June 30, 2007

Original Date: 2/10/2006
 Revision No.:
 Revision Date:

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1. SCHEDULE OF SUPPLIES	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER* RESOURCES	6. TOTAL BUDGET
Desk top supplies (pens, pencils, paper clips, etc.)	\$ 500		\$ 1,000		\$ 1,500
Copier supplies (toner, copier paper, etc.)	\$ 500		\$ 1,000		\$ 1,500
Postage	\$ 2,000				\$ 2,000
Cleaning supplies (cleaning, sanitation supplies, etc.)	\$ 200				\$ 200
Computer supplies	\$ 500		\$ 1,000		\$ 1,500
					\$ -
					\$ -
					\$ -
TOTAL SUPPLIES COST	\$ 3,700	\$ -	\$ 3,000	\$ -	\$ 6,700

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

E. TRAVEL (STAFF)

SAMPLE ONLY

Organization Name: Maui Youth Centers
 Program: Youth Center Activities
 Budget Period: July 1, 2006 to June 30, 2007

Original Date: 2/10/2006
 Revision No.:
 Revision Date:

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1. SCHEDULE OF STAFF TRAVEL	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER* RESOURCES	6. TOTAL BUDGET
Mileage for Executive Director 100mi/mo. @ .37/mi x 12 mos.	\$ 450				\$ 450
Mileage for Counselors 200mi/mo. @ .37/mi x 12 mos.	\$ 900				\$ 900
Inter Island Airfare 5 trips @ \$190/rd trip x 3 staff	\$ 2,850				\$ 2,850
Per Diem for Executive Director 5 days @ \$80/day	\$ 400				\$ 400
Per Diem for (2) Counselors 5 days @ \$80/day	\$ 800				\$ 800
Ground Transportation (Taxi, bus, car rental, parking, etc.)	\$ 500				\$ 500
Out-of-State Travel Airfare for Executive Director	\$ 900				\$ 900
Out-of-State Travel Per Diem for Executive Director - 5 days @ \$130/day	\$ 650				\$ 650
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL TRAVEL COST:	\$ 7,450	\$ -	\$ -	\$ -	\$ 7,450

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

F. OTHER

SAMPLE ONLY

Organization Name: Maui Youth Centers
 Program: Youth Center Activities
 Budget Period: July 1, 2006 to June 30, 2007

Original Date: 2/10/2006
 Revision No.:
 Revision Date:

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1. SCHEDULE OF OTHER EXPENSES	2. AMOUNT REQUESTED	3. OTHER COUNTY	4. MATCHING FUNDS	5. OTHER* RESOURCES	6. TOTAL BUDGET
(6) Telephone Instruments @\$50 EA./MO. X 12 X 6	\$ 3,600				\$ 3,600
Insurance	\$ 800				\$ 800
Dues and Subscriptions	\$ 200				\$ 200
Training:					\$ -
(4) Facilitators - 4 Honorariums @ \$100 ea.	\$ 400				\$ 400
(4) Facilitators - 4 Airfares @ \$190 ea.	\$ 760				\$ 760
(1) Out of State Conference Fee	\$ 100		\$ 100		\$ 200
(2) Seminars	\$ 100				\$ 100
Advertising (radio/newspaper)	\$ 100				\$ 100
Printing (newsletters, posters)	\$ 200		\$ 364	\$ 336	\$ 900
Repairs to equipment:					\$ -
(2) Typewriters @ \$90 each/year	\$ 180				\$ 180
Copier Maintenance @ \$6,000/year	\$ 6,000				\$ 6,000
TOTAL OTHER COST:	\$ 12,440	\$ -	\$ 464	\$ 336	\$ 13,240

ADD AN ADDITIONAL SHEET AS NEEDED

Justification: Do Not Leave Blank.

Youth Centers

SCOPE OF SERVICE FOR YOUTH CENTER DROP-IN PROGRAM

SERVICE: Youth Center Drop-in Program

SERVICE DEFINITION:

The Youth Center offers a drop-in service that provides a safe, nurturing and supervised environment where young persons 9 to 17 years old can be themselves, experience positive role models, and learn positive values through the provision of fun activities and games that offer opportunities for young persons to develop their physical, social, emotional and cognitive abilities and to experience achievement, leadership, enjoyment, friendship and recognition.

SCOPE OF WORK:

1. Provide a safe, secure, nurturing, supervised, and supportive non-judgmental environment where members can play and learn age appropriate life-skills that promote success.
2. At a minimum, the center must provide three of the following value added activities where members can have the opportunity to participate:
 - Education/Vocation – involves providing home work assistance, mentoring and career development to prepare members for higher education and career opportunities.
 - Prevention – involves addressing preventive problem adolescent behaviors including drug use, school drop out, teen pregnancy, delinquency, criminality and violence.
 - Character/Leadership, Value Development and Recognition – involves providing opportunities to have positive self-image, opportunities to experience achievement, leadership, enjoyment, friendship, recognition, and sense of belonging.
 - Health Skills – includes providing fun activities that include fitness, sports, good hygiene, health and wellness.
 - Outreach – seek, identify and recruit youth center members from the entire service area.
 - Alternative activities – creative activities that are fun, safe and age appropriate that attract and maintain members.
3. Provide staff with appropriate qualifications to connect with members and conduct activities or service components.

4. During program hours, a minimum of two (2) staff (paid or volunteer) must be on site at all times to provide adequate supervision of youth participants except on a case by case basis.
5. The client's interest must determine the design and offering of activities to be provided. Staff expertise should be taken into consideration and should match the activities that will be provided.
6. Activities must meet varying needs and interests appropriate to the differing age groups participating in the program.
7. Program hours must be consistent, posted and communicated to the public, the participants and the respective County Grants Management Specialist.
8. Specialist should be informed of any changes in the center's scheduled hours of operations.
9. Services, activities provided and the number of participants must be recorded.
10. Provide all reports as requested by the Department of Housing and Human Concerns.
11. At least (1) person trained and certified in CPR must be onsite whenever the facility is opened to youth members.

SPECIAL CONDITIONS FOR THE PROVISION OF SERVICES:

1. Drug, alcohol and tobacco free programs and workplace policies must be posted and enforced at all youth centers.
2. Youth centers must have written policies and procedures regarding youth supervision responsibilities, as well as specific supervision and liability provisions in all program and enrollment materials/documents.
3. Youth Center facilities must be well maintained at all times.
For youth centers located in County owned facilities:
 - All facility repairs must be addressed immediately. Executive Directors should consult with the appropriate Department of Housing and Human Concerns and Department of Parks and Recreation staff for information on maintenance and/or emergency facility repairs.
 - Only youth center equipment or supplies shall be stored in or around the youth center facility. Unless prior written consent has been received from the Department of Housing and Human Concerns.
5. Program budgets must include a minimum of two (2) paid, qualified and experienced full-time (or equivalent) staff.
6. Fostering and supporting collaboration and networking between staff from area parks, youth centers, youth programs, schools, merchants, community and police.

7. At a minimum, drop-in youth center programs must be available:
 - Immediately after school is dismissed
 - One weekend day and/or evening per week (program may be conducted without center being opened)

Drop-in Youth Center closures for staff training or maintenance cannot exceed 5% of the total program days scheduled for operation.

APPLICANT QUALIFICATIONS:

The applicant shall:

1. Be a public, private non-profit, or private for profit provider licensed to do business in the State of Hawaii;
2. Have at least one year experience providing the service described above; provided that the Director of Housing and Human Concerns may grant an exception where the applicant has demonstrated the necessary experience in the service area;
3. Have adequately trained staff to administer and provide the service described above;
4. Be able to meet all insurance requirements of the funding source(s), and
5. Be able to meet 10% matching fund requirements.

ANTICIPATED AMOUNT OF BASE LINE FUNDING: \$130,050.00 Annually

Additional funding can be considered if the proposal addresses the following:

1. Serve more participants because there are more people in the area of operation.
2. Provide complicated and costlier activities that benefits participants.
3. Operational cost is higher due to geographic distance, scarcity of target population and other considerations.
4. Established track record of quality service delivery and strong administrative performance.
5. Geographic isolation and limited availability of other resources and services.
6. Ability to secure additional matching funds to fund program expansion.

PERIOD OF COVERAGE: This proposal is a multi-year funding that covers a two-year period between FY 2006 – 2007 and FY 2007-2008. Funding of the proposal is subject to the approval by the Maui County Council and the availability of funds.